



FRATERNITY HOUSE, INC.
SERVICE LEARNING APPLICATION
SEMESTER/YEAR: _____

***REMINDER: THIS SITE REQUIRES TB TESTING SO PLEASE COMPLETE AND BRING BACK TEST RESULTS PRIOR TO START DATE**

Date	
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PERSONAL INFORMATION

PRINT CLEARLY

Name	
Street Address	
City, State, Zip	
Home Phone	
Alternate Phone	
E-mail Address	

EMERGENCY INFORMATION

Name	
Relationship	
Phone	

SERVICE LEARNING INFORMATION

Name of School	
Program/Course	
Professor	
Major/Minor	
What are your hour requirements?	
When must your hours be completed?	
Year in School (freshman, sophomore...)	

Have you done service learning here before? Yes _____ No _____

REFERENCES

Name	Relationship	Phone #

EXPERIENCE

Do you speak or are fluent in any other languages other than English?

Yes _____ No _____ If so, please list.

Do you have any experience working in the HIV/AIDS community?

Yes _____ No _____ If so, please describe.

Please list personal goals you wish to accomplish during your time here.

Please describe any past volunteer experiences.

Please describe your course objectives related to your service learning.

Please list any other hobbies or interests you have.

AVAILABLE OPPORTUNITIES

Please check all applicable fields

	House Maintenance	Window cleaning, vacuuming, sweeping, etc.
	Yard Maintenance	Pulling weeds, sweeping patio, planting, etc.
	Cook/Meal Planner	Prepare or assist in a meal or snack
	Fundraisers/Drives/Special Events	Assist at events
	Resident Activities	Assist or conduct activities for residents
	Resident Outings	Assist or conduct activities for residents
	House Friend	Spend time with all of the residents at the house (i.e., hanging out, watching TV, eating meals)
	Skilled Labor: Please list any experience	Plumbing, roofing, auto mechanics, electrical work, etc.

HOURS OF AVAILABILITY

How many hours total per week are you available for service learning? _____

Please specify the days and times available for service learning.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

LOCATION

At which location would you like to do service learning? Please check off box of which location you would like to be at.

	Fraternity House (Escondido location)
	Michaelle House (Vista location)
	Both Houses

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a service learning student, any false statements, omissions, or misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, of disability.

Thank you for completing this application form and for your interest in doing your service learning with us.

FOR OFFICE USE ONLY

